
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: ROWE

Atty Dkt No.: IGT1P042D1/ P000392-007

Application No.: 10/659,827

Examiner: SAGER, Mark Alan

Filed: September 10, 2003

Group: 3714

Title: Gaming Terminal Data Repository and Information Distribution System Confirmation No.: 5966

CERTIFICATE OF EFS-WEB TRANSMISSION

I hereby certify that this correspondence is being transmitted electronically through EFS-WEB to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on **May 21, 2010.**

Signed: _____/Ernest L. Ellenberger/_____
Ernest L. Ellenberger

NOTICE OF APPEAL

Mail Stop AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed December 22, 2009, finally rejecting Claims 19-50, 61-66, 71 and 72.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$270.00 (Small Entity) ☒ \$540.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d)) for the total number of months checked below:

	<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/>	one	\$130.00	\$ 65.00
<input type="checkbox"/>	two	\$490.00	\$245.00
<input type="checkbox"/>	three	\$1,110.00	\$555.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Total Fee Due

Notice of Appeal Fee	\$540.00
Extension Fee (if any)	\$ _____
Total Fee Due	\$540.00

☐ Enclosed is Check No. _____ in the amount of \$ _.

☒ The Commissioner is authorized to charge the required fees, and/or any additional fees or credit any overpayment to Deposit Account No. 504480, (Order No. IGT1P042D1).

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Respectfully submitted,
Weaver Austin Villeneuve & Sampson LLP
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